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PTO/SB/17 (10-01) Complete if Known Application Number

FEE TRANSMITTAL for EV 2002

for FY 2002	Application Number To Be Assigned Filing Date January 25, 2002
Palent fees are subjects	First Named Inventor Teddy Kosoglou et al. Examiner Name To Be Assigned
	Group Art Unit To Be Assigned
METHOD OF PAYMENT	Attorney Docket No. CV01489K

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METHOD OF PAYMENT	
The Commissioner is hereby authorized to charge indicated fees and credit one.	FEE CALCULATION (continued)
indicated fees and credit any overpayments to:	- HODITIONAL FEES
Number 19-0365	Large Small Entity Entity
Deposit Account	Fee Fee Fee Fee
Name Schering-Plough Corporation	Fee Paid
Chame Any Adams	Surcharge - late filing fee or oath
## Unider 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - Into pro-into- 129
Applicant claims small entity status. See 37 CFR 1.27	120 400
2 Payment Enclosed:	Non-English specification
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FEE CALCULATION	113 1,840* 113 1,840* Requesting publication
BASIC FILING FEE	
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	to institute a public use proceeding
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102 40 40	Submission of Information Disclosure Stmt
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109 84 209 42 "Reissue independent claim, if not paid	(37 CFR § 1.129(a))
110 40 STOT Griginar patent	9 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b))
** Reissue claims in excess of 20 and over original patent	
169	900 169 900 Request for Continued Examination (RCE)
SUBTOTAL (2) (\$) 4650.00 Other	of quest for expedited examination
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WILLED BA	SUBTOTAL (3) (\$) 0
(Print/Type)	

Name (Print/Type) Ann Marie Cannoni Complete (if applicable) Signature 35,972 (Altorney/Agent) Telephone (908) 298-5024 WARNING: Information on this form may become public. Credit card information should not 1/25/02

WARMING: Information on this form may become public. Credit care information and be included on this form. Provide credit card information and authorization on PTO-2038.

De included on this form, Provide credit card information and authorization on P1U-2U38.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this from should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patients, Washington, DC 20231.